

Attorney or Party Name, Address, Telephone and Fax Number, and IASB ID No. <i>Attorney for</i>	FOR COURT USE ONLY
UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF IOWA	
In re:	CHAPTER _____ CASE NUMBER _____ DATE: _____ TIME: _____ COURTROOM: _____
Debtor.	

PLAN BALLOT SUMMARY

(NOTE: The Plan Proponent must file a Plan Ballot Summary at least two(2) Court days prior to the Confirmation Hearing.)

1. Proponent of Plan (*Specify name*):

2. Are any competing plans filed with the Court? ☐ Yes ☐ No

3. Is a cramdown requested? ☐ Yes ☐ No

4. Unimpaired Classes (*Specify Class Numbers*):

5. Impaired Classes (*Specify Class Numbers*):

6. Has any impaired class approved the Plan? ☐ Yes ☐ No
 (If YES, specify which class or classes):

7. The following is the voting summary by creditor class:

	ACCEPTING					REJECTING			
	Number	%	Amount	%		Number	%	Amount	%
Class 1									
Class 2									
Class 3									
Class 4									
Class 5									
Class 6									

Other Classes: ☐ See attached Continuation Page

Dated: _____ Firm Name: _____

By: _____ Name: _____

Attorney for Plan Proponent